

L14000122475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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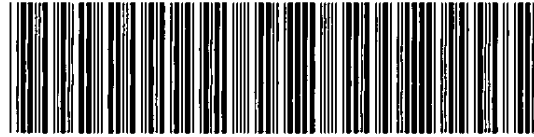
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
APR 25 2017

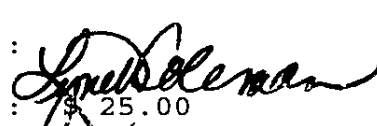
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 611950 7838690

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : April 24, 2017

ORDER TIME : 3:52 PM

ORDER NO. : 611950-025

CUSTOMER NO: 7838690

CHANGE OF AGENT

NAME: NETPROTECT, LLC

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Netprotect, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gidalthy Rodriguez

Name of Person

DLA Piper LLP (US)

Firm/Company

200 South Biscayne Boulevard Suite 2500

Address

Miami, Florida 33131

City/State and Zip Code

Gidalthy.Rodriguez@dlapiper.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lance Crosby

at (972) 822-5551

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Netprotect, LLC

2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i> <u>2021 McKinney Avenue, Suite 1100</u> <u>Dallas, Texas, 75201</u>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i> <u>2021 McKinney Avenue, Suite 1100</u> <u>Dallas, Texas, 75201</u>
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3. <u>08/05/2014</u> Date of filing/registration in Florida	4. <u>L14000122475</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Thomas S. Miller
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
807 W Morse Blvd, Suite 101
Winter Park, FL, FL 32789

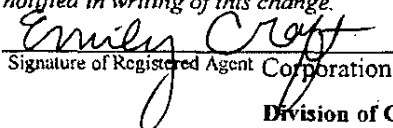
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member	<u>Lance Crosby</u> Printed or typed name of signee
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Signature of Registered Agent Corporation Service Company	BY: Emily Croft Asst. Vice President
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00